

Application of Fluoride Varnish by Qualified Health Professionals	2
Submitting 90-Day Waiver Requests	3

Point-of-Service Device Termination	3
MassHealth Reminders.	4

▮ Preparing for January 2009 Implementation: Update on the New Medicaid Management Information System

With the January 2009 new Medicaid Management Information System (NewMMIS) implementation date fast approaching, make sure your organization is prepared. Important events that providers need to know to prepare for NewMMIS and avoid disruptions in service include trading-partner testing, changes in the Recipient Eligibility Verification System (REVS), the new MassHealth member identification cards, the e-Learning tool, and establishing primary user and subordinate IDs.

Trading-Partner Testing

MassHealth completed trading-partner testing for the Health Insurance Portability and Accountability Act (HIPAA) batch transactions for Phase I of the NewMMIS Pilot. Trading-partner testing has focused on HIPAA-compliance testing to ensure that the transactions will be accepted.

If you have not modified your system, it is important that you begin to modify it now, to ensure that you are ready to submit batch transactions in NewMMIS without interruption. Also, check with your vendor to confirm their readiness for NewMMIS implementation. If you or your vendor will be submitting HIPAA batch transactions in NewMMIS, you should review the final companion guides posted on the Web site at www.mass.gov/masshealth/newmmis.

REVS Reminder

On June 30, 2008, REVS began displaying the NewMMIS 12-digit member ID in the eligibility response. The NewMMIS 12-digit member ID number is reported as part of a restrictive message. Providers should collect this information and add it to their internal-practice management systems and patient records well in advance of NewMMIS implementation. If your software is not capable of maintaining both ID numbers, consider keeping a separate list of ID numbers that you can add to your system upon implementation of NewMMIS.

The current 10-digit member ID number will continue to appear in REVS and will remain the correct number for billing until NewMMIS implementation. Please continue to bill with the 10-digit member ID until NewMMIS implementation.

New MassHealth Cards

MassHealth began mailing new member ID cards in early October 2008. Eligible MassHealth members will receive a new MassHealth ID card containing their new 12-digit MassHealth ID number. Each MassHealth member will receive his or her own card, and can begin using it immediately. However, providers should continue to use the member's 10-digit MassHealth member ID number for billing until NewMMIS implementation.

Refer to All Provider Bulletin 176 for more details about the issuance and use

of the new MassHealth member ID cards.

e-Learning Modules

MassHealth will be offering a range of online provider training courses with the new e-Learning system. These online trainings will be available for use 24 hours a day, seven days a week, so you and your staff can complete the various NewMMIS training modules at your convenience. The link to register and access the e-Learning courses has been posted on the NewMMIS Web page under the Registration link in the Current MassHealth Provider Training section.

Primary User and Subordinate IDs System Access

In early November, existing MassHealth providers and relationship entities who are currently assigned a MassHealth provider number will receive a "NewMMIS Registration" letter, which will issue the NewMMIS provider ID/service location number and PIN. As this ID number will be used for transactions in the NewMMIS Provider Online Service Center, it is imperative that this letter be forwarded to the individual who will be responsible for managing security access to the application for your organization.

Upon receipt of this letter, it is important to identify the staff in the organization that will require access to NewMMIS, and for which functions. Providers will also need to determine before the security registration feature is introduced in December 2008, which

Cont. on page 4

Application of Fluoride Varnish by Qualified Health Professionals

Effective October 1, 2008, physicians and other qualified health-care professionals may apply fluoride varnish for dental care to children under age 21. The purpose of applying fluoride varnish is to increase access to preventive dental treatment in an effort to intercept and prevent early childhood caries in children at moderate-to-high risk for dental caries.

Health professionals have a new opportunity to help prevent tooth decay in children. Providers offer a valuable service by performing an oral-health risk assessment and oral screening, making recommendations for the adequate use of fluorides (including prescribing dietary fluoride supplements, if indicated), promoting tooth-brushing, and referring children for dental examinations and care.

Fluoride varnish is primarily intended to be administered to children up to age three during a pediatric preventive-care visit, since the younger the child is when the varnish is applied to the primary teeth, the better the chances of avoiding tooth decay in the future. However, the service is allowed during any visit for children up to age 21 if the member requires it.

Fluoride Varnish

Fluorides have been used for many years to help prevent dental decay. Currently, most dental professionals apply fluoride in their offices as a foam, gel, or varnish. The foam and gel fluorides require special trays for application, whereas the fluoride varnish does not. Fluoride varnish (5% sodium fluoride) has been widely used in Europe for several decades and its use is increasing in the United States. Varnish comes in tubes for multiple applications using a cotton swab or as prepackaged single doses with a small disposable applicator brush.

Benefits of Fluoride Varnish

Fluoride varnish is not a substitute for fluoridated water or toothpaste, but it does provide added protection for children with a moderate-to-high risk

for dental decay. Examples of increased risks for tooth decay in children include insufficient sources of dietary fluoride, high carbohydrate diets, areas of tooth decalcification, reduced salivary flow, and poor oral hygiene.

MassHealth health-care professionals have a new opportunity to prevent tooth decay in children.

Fluoride varnish

- comes in child-friendly flavors that help children, specially infants, toddlers, and developmentally disabled children tolerate the application to their teeth;
- has an easy, fast application that can be swabbed directly on the teeth in less than three minutes and sets within a minute of contact with saliva;
- presents diminished risk of an adverse reaction since only a small amount is used and less is swallowed;
- can be applied in any setting; and
- does not require the use of dental equipment or instruments.

Who May Apply Fluoride Varnish

Dental professionals are not the only health professionals who may apply fluoride varnish. MassHealth has approved the application of fluoride varnish by physicians and other qualified health-care professionals (physician assistants, nurse practitioners, registered nurses, and licensed practical nurses) who complete the required training as described in the next section, subject to the limitations of state law, and submit claims in accordance with the applicable MassHealth program regulations.

Required Training

MassHealth has approved specific training programs for providers who want to apply fluoride varnish to eligible MassHealth members. Providers must maintain proof of completion of the training and provide such documentation to MassHealth upon request. For more information, providers should register and complete either of the American Association of Pediatric (AAP) Oral Health Group's online training on Cavity Risk Assessment at <http://www.aap.org/commpeps/docs/oralhealth/cme> or the Smile for Life program at www.stfm.org/oralhealth.

This service can be billed using the 837P electronic transaction or paper claim form no. 5 or no. 9.

Billing for Application of Fluoride Varnish

Billing for the application of fluoride varnish is effective for dates of service on or after October 1, 2008. Providers should bill for this service using the 837P electronic transaction, or MassHealth claim form no. 5 or no. 9, as appropriate. Billing should include the Service Code D1206 (topical fluoride varnish; therapeutic application for moderate-to-high caries-risk patients). Providers may not bill for a visit in addition to billing for the application of fluoride varnish, if the sole purpose of the visit was to apply the fluoride varnish. In this instance, the provider may bill with the fluoride-varnish service code only.

Submitting 90-Day Waiver Requests

All Provider Bulletin 179 (September 2008) was issued to inform providers about changes in procedures for the submission of 90-day waiver requests, which includes the use of a new request form for all claims, excluding pharmacy.

A claim must be received no later than 90 days from the date of service or 90 days from the date on an explanation of benefits (EOB) when other insurance is involved. A claim that is initially submitted within the 90-day period may be resubmitted as many times as necessary up to 12 months from the service date. When other insurance is involved, the time period is extended to 18 months from the service date.

A claim initially submitted beyond the 90-day period will be denied for exceeding the billing deadline.

Appropriate 90-Day Waiver Requests

MassHealth billing regulations at 130 CMR 450.309 identify the circumstances under which a provider may request a waiver of the initial 90-day billing deadline. In addition to the circumstances identified in the regulations, providers may also request a 90-day waiver for a denied claim that was initially submitted on time, but

now requires a correction to the member or provider MassHealth number.

Submitting a 90-Day Waiver Request

A new 90-day waiver request form has been created and must be used for all claims other than pharmacy claims.

Note: For pharmacy claims, download the existing 90-Day Waiver Request Form from the MassHealth Web site at www.mass.gov/masshealth/pharmacy. Click on MassHealth Pharmacy Publications and Notices for Pharmacy Providers, and then on 90-Day Waiver Form.

Effective November 1, 2008, every claim must be accompanied by the new 90-Day Waiver Request Form and the documentation relevant to that particular claim. If you are submitting more than one claim for the same member for the same reason, each claim must be submitted with a separate 90-day waiver request form and applicable documentation. Failure to submit your requests in this manner may result in the denial of the 90-day waiver request.

Please send your 90-day waiver requests to the following address.

MassHealth
Attn: 90-Day Waiver Unit
P.O. Box 9118
Hingham, MA 02043

Copies of the 90-Day Waiver Request Form can be downloaded from www.mass.gov/masshealth. Click on MassHealth Provider Forms on the lower right side of the homepage.

Decisions on 90-Day Waiver Requests

With the implementation of NewMMIS, you will be able to see the claim associated with your 90-day waiver request in a suspended status while your request is being reviewed. The decision resulting from the review will be reflected on a subsequent remittance advice when your claim appears processed (paid or denied).

For more information, refer to All Provider Bulletin 179 (September 2008) in the MassHealth Provider Library at www.mass.gov/masshealthpubs.

Point-of-Service Device Termination Reminder

As part of the preparation for NewMMIS implementation, MassHealth is discontinuing the use of the point-of-service (POS) devices (Verifone Omni 395/396), otherwise known as the REVS POS device machines. The primary reasons for discontinuing the support of the REVS POS devices are the availability of more-efficient access methods to verify eligibility, popular use of the Internet for verifying eligibility, and the implementation of NewMMIS. MassHealth has contacted those providers who use only the POS device to inform them of this impending change.

Eligibility verification will now be exclusively supported by the following access methods, which provide more detailed eligibility response than those currently displayed on the POS device:

- WebREVS;

- EVSpC Software;
- Automated Voice Response (AVR) System (1-800-554-0042); and
- alternative third-party POS devices and software solutions.

Eligibility verification inquiries using the POS device will end on October 31, 2008. All MassHealth providers who currently use the POS device will need to switch to other access methods by this date. As a reminder, starting on October 1, 2008, providers using a POS devices will receive a restrictive message stating:

This device will stop functioning on October 31, 2008. Call the REVS HelpDesk at 1-800-462-7738, option 2, and then 5, with questions.

Before disposing of your POS device, please ensure that you wipe out any member information that may remain on

the device. You can do this by verifying eligibility for an invalid member identification (ID) number, to get an invalid response. For assistance, you may call the REVS HelpDesk at 1-800-462-7738 and select option 2, and then 5.

More Information

If you currently use POS for eligibility inquiries and have not been contacted by the REVS HelpDesk on what options are available to you, please call 1-800-462-7738 and select option 1, and then 5, for assistance.

For more information, refer to All Provider Bulletin 178 (September 2008), located in the online MassHealth Provider Library at www.mass.gov/masshealthpubs.

Preparing for January 2009 Implementation: Update on the New Medicaid Management Information System *Cont. from page 1*

providers, billing intermediaries or other necessary parties need to be linked to for data sharing and/or submitting services on their behalf. However, it is recommended that the corresponding "Subordinate ID" e-Learning module (available in October) is reviewed to understand its functionality and how it can best assist the organization before assigning security permissions.

More information about this topic will be conveyed in provider communications that will be issued over the upcoming weeks.

Additional Preparation Activities

Although the implementation of NewMMIS has been rescheduled, you should not stop or delay

your preparation activities for implementation.

You should continue to:

- review the HIPAA companion guides;
- review billing instructions;
- prepare your systems for electronic billing;
- prepare for the transition to the UB-04 and CMS-1500 paper claim forms, if applicable;
- coordinate with billing intermediaries and software vendors;
- prepare your operations for implementation; and

- complete NewMMIS e-Learning training sessions.

For more information, check out the NewMMIS Web page at www.mass.gov/masshealth/newmmis for the latest developments on NewMMIS implementation.

MassHealth Reminders

Update for Prior Authorization (PA)

Are you aware that all MassHealth providers can submit for nonpharmacy PA through MassHealth's Automated Prior Authorization System (APAS)?

Providers who have signed up on APAS can attest to how much easier it is. You can submit a PA request and all attachments electronically and review the status of a PA request almost immediately.

For more information, please contact APAS Customer Service at 1-866-378-3789 or go to the APAS Web site at www.masshealth-apas.com.

Issue with Medicare Inpatient Part A Crossover Claims

MassHealth has identified a claims-payment issue with certain inpatient acute and psychiatric claims that crossed over from Medicare after 05/23/08. If you have received an incorrect payment, you can void the incorrect claim and submit a paper

replacement claim following the crossover billing instructions for paper claims. Please be sure to write the Medicare legacy provider number on the paper Explanation of Medicare Benefits (EOMB). A solution will be implemented in the near future. Until then, MassHealth will not process these claims. Additional details will be forthcoming on a future remittance advice.

Incorrect Claim Denials for Edit 516

Certain "T" codes pertaining to incontinence services denied incorrectly for edit 516 ("The member has other insurance") on the remittance advices (RAs) dated 09/02/08, 09/09/08, and 09/16/08 (runs # 2045, 2046, and 2047). MassHealth is aware of the issue and is working on a resolution. No further action is required by providers at this time. Additional instructions are forthcoming on a future RA.

Important Notice to Hospice Providers

To ensure that hospice enrollment, revocation, change of hospice provider, or disenrollment actions are processed properly for MassHealth members, your MassHealth legacy provider number must be entered on the new Hospice Election Form. This is in addition to the National Provider Identifier (NPI) number. If you have any questions, contact MassHealth Customer Service at providersupport@mahealth.net or 1-800-841-2900.